

## Worker's Compensation Insurance Letter

<b>INS #</b>	461
<b>Date</b>	March 29, 2006
<b>Program</b>	Claims Management
<b>Type</b>	New Process
<b>Replaces</b>	Insurance Letter 448



State of Wisconsin  
Department of Workforce Development

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**To:** Insurance Carriers, Self Insured Employers and Claims Handling Offices  
**From:** Frances Huntley-Cooper, Division Administrator  
**Subject:** Supplemental Benefits Payments under s. 102.44(1), Wis. Stats.  
Adjustments in Payments to the Work Injury Supplemental Benefit Fund under ss.  
102.47, 102.49 and 102.59.

**Purpose:** Inform insurers of Supplemental Benefit rate increases under s. 102.44(1) and rate changes in payments into the fund under ss. 102.49 and 102.59 effective April 1, 2006.

**Background:** S. 102.44(1)(a), Wis Stats. was amended to raise the maximum weekly benefit payable for injuries occurring prior to January 1, 1985 from \$ 233 to \$321 for supplemental benefit payments. Persons receiving less than the maximum rate for dates of injury prior to January 1, 1985 receive the same percent of \$321 that their compensation rate bears to the maximum rate in effect at the time of their injury. Reimbursement for these supplemental payments will be made by the Department of Workforce Development, from the Work Injury Supplemental Benefit Fund.

S. 102.49 (5) (a) has been amended to increase the amount payable into the Work Injury Supplemental Benefit Fund for injury resulting in death from \$10,000 to \$20,000.

S. 102.59(2) has been amended to increase the amount payable into the Work Injury Supplemental Benefit Fund for injury resulting in loss or total impairment of a hand, arm, foot, leg, or eye from \$10,000 to \$20,000.

**Action Requested:** Please submit Form WKC-140, entitled, "Supplemental Payments Reimbursement Request" in duplicate, for reimbursement of 2005 supplemental benefits payments under s. 102.44(1), Wis. Stats. Each insurance company or self-insured employer that made supplemental payments should use a separate form. A copy of the form is enclosed and may be copied if additional pages are needed. If you did not make this adjustment in prior years, please do so immediately. Please notify all personnel who handle Wisconsin claims of this process.

**Inquiries:** If you have any questions, please contact Abby Butler at (608) 266-6771 or e-mail her at [abby.butler@dwd.state.wi.us](mailto:abby.butler@dwd.state.wi.us).

**Enclosure :** WKC-140 'Supplemental Payments Reimbursement Request' on reverse side.

**Reference:** Insurance Letter 448 dated 3/29/2004.